PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/596020

| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
|---|--|--|-------------------|-----------------------------------|--------------------|------------------|-----|-------------------|------------------------|----|----------------------------|------------------------|
| | | | (Column | 1) | ((| Column 2) | 1 r | | | 1 | | |
| U.S. NATIONAL STAGE FEES | | | | | | |] | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | | | | | | EXAM. FEE | 100 | | EXAM. FEE | |
| SEARCH FEE | | | | | | | | SEARCH FEE | 200 | | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minu | ıs 100 = | | / 50 = | | X \$ 125 = | | | X \$ 250 = | , |
| TOTAL CHARGEABLE CLAIMS | | | 20 ^{min} | us 20 = | * | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 3 m | inus 3 = | * | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPENI | DENT CLAIM PRI | ESENT | • | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If | the difference | in column 1 is | less than zero | , enter "0 | " in co | lumn 2 | | TOTAL | 450 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL ENTITY | | | OTHER THAN SMALL ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL ADDIT. OR TOTAL ADDIT | | | | | | | | | | | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | EST BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL A FEI | | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| * | | umn 1 is less than th umber Previously Pa | | | | | | | | | | |

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.